

17 CV 6505

JUDGE GARDEPHE  
IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

BOBBY GILES, JR.,  
ADMINISTRATOR OF  
THE ESTATE OF  
LINDA BOND GILES

v.

DAVITA INC. D/B/A DAVITA  
SOUTH BRONX DIALYSIS CENTER

JOHN OR JANE DOE 1-10  
CURRENT NAMES AND ADDRESS  
UNKNOWN

JOHN DOE CORPORATION 11-20  
CURRENT NAMES AND ADDRESS  
UNKNOWN

CIVIL ACTION NO.  
JURY TRIAL DEMANDED

U.S. DISTRICT COURT  
S.D. OF N.Y.  
2017 AUG 25 11:11

CIVIL ACTION COMPLAINT

PARTIES

1. Plaintiff, Bobby Giles, Administrator of The Estate of Linda Bond Giles, (hereinafter "Plaintiff") is the only son of Linda Bond Giles, deceased.
2. Defendant Davita Inc. D/B/A South Bronx Dialysis Center (hereinafter "Davita"), is a Delaware Corporation with Headquarters in Denver, Colorado.
3. Defendants John or Jane Does 1-10 inclusive, are persons and/or corporations whose names Plaintiff does not know and has been unable to presently ascertain, but are people and/or entities involved in this actions.
4. Defendants John Doe Corporations 11-20 are persons and/or corporations whose names Plaintiff does not know and has been unable to presently ascertain but are people and/or entities involved in this action.

**JURISDICTION**

5. This Court has jurisdiction of this action pursuant to 28 U.S.C. § 1332.

**VENUE**

6. Venue is in the United States District Court, Southern District of New York, under 28 U.S.C. § 1391(b) by reason of the fact that the claims of Plaintiff arose in this district.

**NATURE OF PROCEEDINGS**

7. This is an action for damages based upon the breach of standard of care in providing hemodialysis to Linda Bond Giles (hereinafter “Decedent”) by the staff of Davita Inc., John or Jane Does 1-10, and John Doe Corporations 11-20 (hereinafter collectively “Defendants”). Said breach of duty arose when Defendants negligently administered hemodialysis to Decedent, resulting in significant bleeding from the left AV fistula of Decedent. Decedent ultimately died as a direct result of the negligence of Defendants on August 28, 2015.

**COUNT I—MEDICAL NEGLIGENCE**

8. Plaintiff incorporates each and every allegation as set forth above and repeats and repleads such allegations hereinafter with the same force and effect.
9. At all times herein relevant, Decedent was a patient at Defendants’ facility located at 1940 Webster Ave Bronx, NY 10457.
10. On or about August 25, 2017, Decedent was administered hemodialysis at Defendants’ facility.
11. During the aforesaid course of treatment to Decedent, Defendants negligently failed to provide the necessary and appropriate medical care and attention in the administration of hemodialysis to Decedent.

12. Defendants owed and breached the duty to Decedent to provide dialysis services without exposing Decedent to significant bleeding.
13. Defendants' conduct, as alleged herein, resulted in Decedent suffering injuries and damages as previously described.
14. Defendants' conduct, as alleged herein, was a substantial factor in causing injuries to Decedent, including but not limited to, the death of Decedent.
15. On or about August 26, 2015, Decedent was found by her family member at her home unresponsive with significant bleeding from her left arm AV fistula.
16. On or about August 28, 2015, Decedent was pronounced dead at Lincoln Hospital Emergency Department.

**COUNT II—WRONGFUL DEATH**

17. Plaintiff incorporates the foregoing paragraphs as though fully set forth herein.
18. At all times relevant hereto, Defendants acted by and through their agents, servants, workmen, employees and/or ostensible agents acting and/or failing to act in the course administering hemodialysis to Decedent.
19. Each and all of the Defendants deviated from the aforementioned standard of care applicable to them in their respective capacities and each Defendant engaged in intentional wrongful acts which breached the standard of care owed to the Decedent.
20. As a direct and proximate result of the aforementioned intentional wrongful acts of the Defendants, Decedent suffered grievous injuries which ultimately resulted in her untimely death on August 28, 2015.
21. The Estate of Decedent was liable for and in fact paid for funeral and burial expenses and charges for Decedent.

22. Plaintiff, by reason of Decedent's Wrongful Death, has suffered the loss of society and companionship of Decedent.

**WHEREFORE**, Plaintiff demands judgment for compensatory damages, attorney's fees, interest and costs of suit against Defendants, and for other relief as the Court may deem equitable, appropriate and just.

**COUNT III—SURVIVAL ACTION**

23. Plaintiff incorporates the foregoing paragraphs as though fully set forth herein.

24. At all times relevant hereto, Defendants acted by and through their agents, servants, workmen, employees and/or ostensible agents acting and/or failing to act in the course of administering hemodialysis to Decedent.

25. Each and all of the Defendants deviated from the aforementioned standard of care applicable to them in their respective capacities, and each and all of the Defendants engaged in intentional wrongful acts which breached the standard of care owed to the Decedent.

26. As a direct result of the negligence and/or carelessness of Defendants named herein, Decedent was caused to suffer a loss of earnings and earning capacity.

27. As a direct result of the negligence and/or carelessness of Defendants named herein, Decedent was caused to suffer great physical pain, suffering, mental anguish and loss of life's pleasures and enjoyment.

**WHEREFORE**, Plaintiff demands judgment for compensatory damages, attorney's fees, interest and costs of suit against Defendants, and for other relief as the Court may deem equitable, appropriate and just.

**COUNT IV—PUNITIVE DAMAGES**

28. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

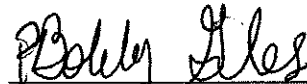
29. The aforementioned acts of the Defendants were outrageous and done intentionally, knowingly, willfully and wantonly and with complete disregard for the rights of others and in reckless indifference to the rights of others, namely Decedent and her family and those acts shocked the conscience of the community.

30. As a direct and proximate result of the aforementioned outrageous, intentional, willful and wanton acts of the Defendants, Decedent suffered grievous injuries which ultimately resulted in her untimely death on August 28, 2015.

**WHEREFORE**, Plaintiff demands judgment for compensatory damages, attorney's fees, interest and costs of suit against Defendants, and for other relief as the Court may deem equitable, appropriate and just.

Respectfully submitted,

Date: 9/25/17



Bobby Giles  
Administrator of the Estate of Linda Bond Giles  
2124 Federal Street  
Philadelphia, PA 19146



New York County Surrogate's Court  
31 Chambers Street  
New York, NY 10007  
(646)386-5000 Fax: (212)374-3250

Hon. Nora S. Anderson, Surrogate  
Hon. Rita Mella, Surrogate

Diana Sanabria, Chief Clerk  
Jana Cohn, Deputy Chief Clerk

April 26, 2016

Bobby Giles Jr  
2124 Federal Street  
Philadelphia PA 19146

Re: Estate Of Linda Bond Giles File# 2015-4016

Dear Fiduciary,

The court has recently appointed you to act as a fiduciary for the estate of the decedent named above. This letter is not your "Letter of Appointment". It is sent to help you during this difficult time and to advise you of some of your obligations, some of which may have to be met within a limited period of time as prescribed by law.

You are to collect all of the assets of the estate and keep an accurate record of them, including any income received. It will also be necessary to keep an accurate record of all expenditures. You need to determine whether any estate taxes will be due, and if so, pay them on time. You may wish to seek professional advice with regard to these duties.

An inventory of assets must be filed with the court within nine months of the date of your appointment. If the decedent's estate includes firearms, a separate Firearms Inventory Form must be filed. A copy of said form must also be filed with the Division of Criminal Justice Services, Alfred E. Smith Building, 80 South Swan Street, Albany, New York 12210.

The decedent's creditors have at least seven months to file claims for debts of the decedent. No distribution of assets should be made to beneficiaries until you have paid or set aside sufficient funds to pay administration expenses, taxes, and claims.

It may be necessary to file a personal income tax return for the decedent for the year in which he or she died. It also may be necessary or advisable for you to file fiduciary income tax returns for the estate and you may need to seek professional help in the preparation of income tax returns.

If limitations have been placed on your Letters, you must abide by those limitations or risk possible sanctions by the court.

The purpose of this letter is to acquaint you with some of your responsibilities as a fiduciary. Please consult with your attorney to ensure that you fulfill your obligations.

Very truly yours,

Diana Sanabria  
Chief Clerk

File No. 4016, 2015

At the Surrogate's Court of the County of New York,  
held at the Surrogate's Court of the County of New York  
on the 25<sup>th</sup> day of April, 2016

Present:

Honorable

~~PTA 15713~~

Surrogate.

Proceeding for Letters of Administration,  
Estate of

Linda Bond Giles

Deceased.

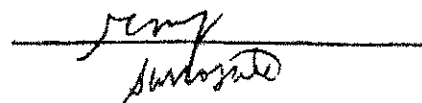
**Decree Granting Limited  
Letters of Administration**

Upon reading and filing the petition of Bobby Giles, Jr.  
verified the 28th day of October, 2015, wherein it appears that there are no known  
assets of the above-named decedent but there exists a cause of action to recover damages, and it  
appearing that it is impracticable to give a bond sufficient to cover the probable amount to be  
recovered in such action, it is

ORDERED AND DECREED that limited letters of administration of the goods, chattels  
and credits which were of the above-named decedent be and the same are hereby awarded to  
Bobby Giles, Jr.

who appears to be entitled thereto, upon duly qualifying  
according to law; and it is further

ORDERED that the said administrator be and he hereby is ~~(are)~~ restrained from  
compromising any cause of action and from collecting any proceeds thereof and from taking  
possession or control of any property of the above-named decedent until the further order of this  
court, or the order of any court of competent jurisdiction (EPTL 5-4.6).



**Surrogate's Court of the State of New York  
New York County**

Certificate# 170477

File#: 2015-4016

**Certificate of Appointment of Administrator**

To all to whom these presents shall come or may concern,

That we, having inspected the records of our Surrogate's Court in and for the County of New York, do find that on April 25, 2016 by said court, LETTERS OF LIMITED ADMINISTRATION on the goods, chattels and credits of Linda Bond Giles, deceased, late of the County of New York were granted unto the fiduciaries listed below.

**Name of Decedent:** **Linda Bond Giles**  
aka Linda Bond-Giles  
Linda Dorothea Bond Giles  
Linda Giles Bond

**Date of Death:** August 28, 2015

**Domicile:** County of New York

**Fiduciary Appointed:** **Bobby Giles Jr**

**Letters Issued:** LETTERS OF LIMITED ADMINISTRATION

**Letters Issued On:** April 25, 2016

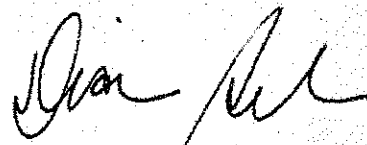
**Limitations:** These letters issued with power to prosecute only and not with power to collect or compromise or exercise any other powers until the further order of this court, or the order of any court of competent jurisdiction (EPTL 5-4.6).

and such Letters are unrevoked and in full force as of this date.

**Dated:** April 26, 2016  
New York, New York

IN TESTIMONY WHEREOF, the seal of the New York County Surrogate's Court has been affixed.

WITNESS, Honorable Rita Mella, Judge of the New York County Surrogate's Court.



**Diana Sanabria, Chief Clerk  
New York County Surrogate's Court**

*This Certificate is Not Valid Without the Raised Seal of the New York County Surrogate's Court and expires six months from the issue date of this certificate.*



**Surrogate's Court of the State of New York  
New York County**

**Certificate# 170478**

**File#: 2015-4016**

**Certificate of Appointment of Administrator**

To all to whom these presents shall come or may concern,

That we, having inspected the records of our Surrogate's Court in and for the County of New York, do find that on April 25, 2016 by said court, LETTERS OF LIMITED ADMINISTRATION on the goods, chattels and credits of Linda Bond Giles, deceased, late of the County of New York were granted unto the fiduciaries listed below.

**Name of Decedent: Linda Bond Giles**

aka Linda Bond-Giles  
Linda Dorothea Bond Giles  
Linda Giles Bond

**Date of Death: August 28, 2015**

**Domicile: County of New York**

**Fiduciary Appointed: Bobby Giles Jr**

**Letters Issued: LETTERS OF LIMITED ADMINISTRATION**

**Letters Issued On: April 25, 2016**

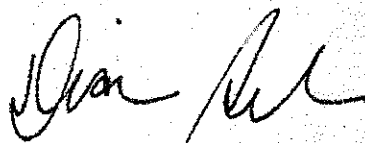
**Limitations: These letters issued with power to prosecute only and not with power to collect or compromise or exercise any other powers until the further order of this court, or the order of any court of competent jurisdiction (EPTL 5-4.6).**

and such Letters are unrevoked and in full force as of this date.

**Dated: April 26, 2016  
New York, New York**

**IN TESTIMONY WHEREOF, the seal of the New York  
County Surrogate's Court has been affixed.**

**WITNESS, Honorable Rita Mella, Judge of the New  
York County Surrogate's Court.**



**Diana Sanabria, Chief Clerk  
New York County Surrogate's Court**

*This Certificate is Not Valid Without the Raised Seal of the New York County Surrogate's Court  
and expires six months from the issue date of this certificate.*

**SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK**

In the Matter of \_\_\_\_\_X

Linda Bond Giles

Deceased. \_\_\_\_\_X

**TO BE FILLED OUT BY FIDUCIARY or  
ATTORNEY FOR**

Total Estate Assets (see below)\* \_\_\_\_\_

Filing fee SCPA 2402(7) \_\_\_\_\_

Filing fee initially paid \_\_\_\_\_

Balance (Refund) Due \_\_\_\_\_

**INVENTORY OF ASSETS (Rule 207.20)**

**File No:** 2015-4016

The undersigned, a fiduciary or attorney for the fiduciary of the above Decedent's estate, certifies that the following constitutes the gross estate for tax purposes and identifies whether non-estate assets exist. Complete below according to the following value categories:

Category A - under \$10,000; Category B - \$10,000 to under \$20,000; Category C - \$20,000 to under \$50,000;  
Category D - \$50,000 to under \$100,000; Category E - \$100,000 to under \$250,000;  
Category F - \$250,000 to under \$500,000; Category G - \$500,000 or over.

Date of Death: 8/28/2015 Date of Letters: \_\_\_\_\_ Type of Letters: \_\_\_\_\_

Name of Fiduciary(ies) and, if changed, fiduciary(ies) address: \_\_\_\_\_

**ASSETS INDIVIDUALLY OWNED BY DECEDENT  
OR PAYABLE TO ESTATE**

1. Real Estate
2. Stocks and Bonds
3. Insurance Payable to Estate
4. IRAs, 401Ks Payable to Estate
5. Mortgages or Notes Held by Decedent
6. Cash
7. Miscellaneous
8. Firearms

(Check appropriate box)

**CATEGORY**

☐ Yes - See attached Firearms Inventory form  
☐ None

**\*TOTAL ESTATE ASSETS**

**NON-ESTATE ASSETS - CHECK YES OR NO TO EACH OF THE FOLLOWING:**

9. Living Trust \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, set forth the Name of the Trustee(s) \_\_\_\_\_
10. Gifts in Excess of Federal Annual Exclusion  
Made Within 3 Years of Decedent's Death \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Jointly Held Property (Real or Personal) \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Insurance Payable to Beneficiary \_\_\_\_\_ Yes \_\_\_\_\_ No
13. IRAs, 401K's Payable to Beneficiary \_\_\_\_\_ Yes \_\_\_\_\_ No
14. Annuities \_\_\_\_\_ Yes \_\_\_\_\_ No
15. Powers of Appointment \_\_\_\_\_ Yes \_\_\_\_\_ No
16. Cause(s) of Action Pending \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, identify Court and Index Number \_\_\_\_\_

Certified to be true on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

Attorney's Name \_\_\_\_\_

Print Name \_\_\_\_\_

Attorney's Address & Telephone No: \_\_\_\_\_

**SURROGATE'S COURT OF THE STATE OF NEW YORK****COUNTY**

In The Matter of the Estate of \_\_\_\_\_

**FIREARMS INVENTORY**

(SCPA §2509)

Deceased. \_\_\_\_\_

FILE NUMBER \_\_\_\_\_

The undersigned, [ ] a fiduciary, or [ ] an attorney of record certifies that the following firearms, as defined by Section 265.00 of the Penal Law, make up part of the decedent's estate.

Name of Fiduciary or Attorney: \_\_\_\_\_

(Address, if changed): \_\_\_\_\_

	Make:	Model:	Caliber or Gauge:	Serial #:	Valuation:
1					\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
			<b>TOTAL:</b> (as indicated in section F2 of Inventory of Assets)		

☐ mark box if more entries are necessary - and attach extra pages)

**ATTORNEY**

Certified to be true on \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

A copy of this Inventory must also be filed with DCJS at:

Division of Criminal Justice Services  
 Alfred E. Smith Building  
 80 South Swan Street  
 Albany, NY 12210

Firearms Inventories filed with the Surrogate's Court will be kept in a secure location separate from the estate file and will be made available for inspection only to persons interested in the proceeding and their counsel, unless otherwise ordered by the Court.



A PROFESSIONAL ASSOCIATION  
Email: [emeka@igwefirm.com](mailto:emeka@igwefirm.com)

February 25, 2016

New York County Surrogate's Court  
31 Chambers St.  
New York, NY 10007

**RE: File Name: Linda Bond Giles**  
**File #: 2015-4016**

Dear Sir/Madam:

Enclosed please find an executed and notarized Family Tree Chart with regards to the above matter.

Kindly forward the Letters of Administration to my office in the enclosed self-addressed, stamped envelope.

Please do not hesitate to contact me if you have any questions. Thank you.

Sincerely,  
THE IGWE FIRM, P.A.

KELLY A. TREWELLA, ESQ.

cell: 484-238-7848

fax: 215-893-3812

email: [kelly@igwefirm.com](mailto:kelly@igwefirm.com)

KAT  
Enclosures

FAMILY TREE CHART

U.C.R. 207.16(c) THIS AFFIDAVIT MUST BE SUBMITTED BY A DISINTERESTED PERSON. IF ONLY ONE DISTRIBUTE SURVIVES THE DECEDENT, PROOF MAY NOT BE GIVEN BY THE SPOUSE, OR CHILDREN OF THE SOLE DISTRIBUTE.

TO: THE SURROGATE'S COURT - STATE OF NEW YORK - COUNTY OF NEW YORK

Name of the Decedent: Linda Bond Giles

Date: 3/31/16

Estate File Number: 205-4016

State of New York

County of Brooklyn

I, Bobby Johnson

Being Duly Sworn, Depose and Say:

My Domicile Is: \_\_\_\_\_

My Daytime Phone Number Is: \_\_\_\_\_

THIS FAMILY TREE CHART IS MADE UNDER THE PENALTIES OF PERJURY

RELATIONSHIP TO THE DECEDENT AND BASIS OF YOUR KNOWLEDGE OF THE FAMILY TREE OF THE DECEDENT: Ex Husband of Decedent

THE NAME / NAMES OF THE DECEDENT: Linda Bond Giles

MARITAL STATUS OF THE DECEDENT AT THE TIME OF DEATH: Divorced

STATE THE NUMBER OF TIMES THE DECEDENT WAS MARRIED DURING HIS/HER LIFETIME: one

STATE HOW THE MARRIAGES WERE TERMINATED: Divorce

IF THE MARRIAGE ENDED DUE TO THE DEATH OF A SPOUSE LIST THE NAME AND DATE

OF DEATH OF THE PREDECEASED SPOUSE: Not Applicable

IF THE DECEDENT WAS DIVORCED LIST BELOW NAMES OF THE EX-SPOUSE(S):

Bobby Johnson

DID THE DECEDENT EVER ENTER INTO ANY VALID COMMON-LAW MARRIAGES? No

STATE THE NAME OF THE SURVIVING SPOUSE OF THE DECEDENT (if none, please so state)

None

LIST ALL THE CHILDREN OF THE DECEDENT (you must include all legitimate, non-marital and adopted children)

NAMES: (list by name, if NONE, please so state):

DATE OF DEATH (if applicable)

Bobby Giles



Kelly Trewella &lt;kellyatrewella@gmail.com&gt;

---

**Estate of Linda Bond Giles**

1 message

---

**Anna Tymczyszyn** <atymczys@nycourts.gov>

Tue, Mar 1, 2016 at 12:34 PM

To: "kelly@igwefirm.com" &lt;kelly@igwefirm.com&gt;

Please have someone other than the sole distributee complete the Family Tree chart.

**Family Tree Chart (Rev 6-97) edit rev 12-03-2002 ms.pdf**

20K

(2)

LIST ALL THE GRAND CHILDREN OF THE DECEDENT AND QUALIFY THE RELATIONSHIP OF ANY GRANDCHILD BY INDICATING THAT THEY ARE THE CHILDREN OF \_\_\_\_\_

NAMES: (list by name, if NONE, please so state):

*None*

DATE OF DEATH (if applicable)

LIST ALL THE GREAT GRANDCHILDREN OF THE DECEDENT AND QUALIFY THE RELATIONSHIP OF ANY GREAT GRANDCHILD BY INDICATING THAT THEY ARE THE CHILDREN OF \_\_\_\_\_

NAMES: (list by name, if NONE, please so state):

*None*

DATE OF DEATH (if applicable)

LIST THE PARENTS OF THE DECEDENT:

*STOP.*

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

DATE OF DEATH (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF DEATH (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

LIST ALL THE BROTHERS AND SISTERS OF THE DECEDENT (include those of the whole and half blood)

NAMES: (list by name, if NONE, please so state):

DATE OF DEATH (if applicable)

LIST ALL THE NIECES AND NEPHEWS OF THE DECEDENT AND QUALIFY THE RELATIONSHIP OF ANY NIECE OR NEPHEW BY INDICATING THAT THEY ARE THE CHILDREN OF \_\_\_\_\_

NAMES: (list by name, if NONE, please so state):

DATE OF DEATH (if applicable)

LIST ALL THE GRANDNIECES AND GRANDNEPHEWS OF THE DECEDENT AND QUALIFY THE RELATIONSHIP OF ANY GRANDNIECE OR GRANDNEPHEW BY INDICATING THAT THEY ARE THE CHILDREN OF \_\_\_\_\_

NAMES: (list by name, if NONE, please so state):

DATE OF DEATH (if applicable)



(3)

LIST THE MATERNAL AND PATERNAL GRANDPARENTS OF THE DECEDENT:

NAMES OF MATERNAL GRANDPARENTS:

DATE OF DEATH (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

NAMES OF PATERNAL GRANDPARENTS:

DATE OF DEATH (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

LIST ALL THE MATERNAL AUNTS AND UNCLES OF THE DECEDENT: [if NONE, please so state]

NAMES:

DATE OF DEATH (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

LIST ALL THE PATERNAL AUNTS AND UNCLES OF THE DECEDENT: [if NONE, please so state]

NAMES:

DATE OF DEATH (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

LIST ALL THE FIRST COUSINS OF THE DECEDENT AND QUALIFY THE RELATIONSHIP OF ANY

FIRST COUSIN BY INDICATING THAT THEY ARE THE CHILDREN OF

MATERNAL FIRST COUSINS (list by name, if NONE, please so state):

DATE OF DEATH (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

PATERNAL FIRST COUSINS (list by name, if NONE, please so state):

DATE OF DEATH (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Signature

SWORN TO BEFORE ME THIS 31<sup>st</sup> DAY

OF March 2016

Maureen Spillman  
(NOTARY PUBLIC)

(Print Your Name)

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Maureen Spillman, Notary Public  
City of Philadelphia, Philadelphia County  
My Commission Expires March 2, 2019  
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES



(c) If the petitioner alleges that the decedent was survived by no distributee or only one distributee, ~~or where the relationship of distributees to the decedent is grandparents, aunts, uncles, first cousins or first cousins once removed,~~ proof must be submitted to establish:

(1) how each such distributee is related to the decedent; and

~~(2) that no other persons of the same or a nearer degree of relationship survived the decedent.~~

Unless otherwise allowed by the court, the proof submitted pursuant to this subdivision must be by an affidavit or testimony of a disinterested person. Unless otherwise allowed by the court, if only one distributee survived the decedent, proof may not be given by the spouse or children of the distributee. ~~The proof shall include as an exhibit a family tree, table or diagram, except no such table or diagram shall be required if the distributee is the spouse or only child of the decedent.~~



Kelly Trewella &lt;kellyatrewella@gmail.com&gt;

---

**Estate of Linda Bond Giles**

1 message


---

**Anna Tymczyszyn** <atymczys@nycourts.gov>  
To: "kelly@igwefirm.com" <kelly@igwefirm.com>

Tue, Mar 1, 2016 at 12:34 PM

Please have someone other than the sole distributee complete the Family Tree chart.

---

 **Family Tree Chart (Rev 6-97) edit rev 12-03-2002 ms.pdf**  
20K



Kelly Trewella &lt;kellyatrewella@gmail.com&gt;

---

Giles

1 message

---

Kelly Trewella <kellyatrewella@gmail.com>

Thu, Feb 25, 2016 at 10:41 AM

To: Greg Johnson &lt;greg@igwefirm.com&gt;

Greg,

Attached is a letter to NY Surrogate court. Please print this letter and send it with the ORIGINAL Family Tree Chart AND a **self addressed, stamped envelope** to:

New York County Surrogate's Court  
31 Chambers St.  
New York, NY 10007

For the **self addressed, stamped envelope**, please address it to my home address. That way I can get right on it. My home address to go on the self addressed, stamped envelope is:

**Kelly Trewella, Esq.  
5102 Chevers Dr.  
Glen Mills, PA 19342**

let me know if you have any questions and please confirm once this is completed.

Thank you.

**Kelly A. Trewella, Esq.  
The Igwe Firm, P.A.  
1500 Walnut St.  
Suite 409  
Philadelphia, PA 19102  
C: 484-238-7848  
F: 215-893-3812**



---

letter to Surrogate's court. 2.25.16.pdf

434K



Kelly Trewella &lt;kellyatrewella@gmail.com&gt;

---

**Bobbie Gles, Jr.**

---

**Kelly Trewella** <kellyatrewella@gmail.com>

Sun, Feb 21, 2016 at 7:10 PM

To: Greg Johnson &lt;greg@igwefirm.com&gt;

Cc: Emeka Igwe &lt;emekaigwe@gmail.com&gt;

Greg,

I am confused. I thought you and Bobby went to NY and filled out all this paperwork and then, they called or you followed up with them and they said we are missing the Family Tree Chart. Is that right?

Scan 1018 is what you sent me. However, that is not the Family Tree Chart. I have attached the Family Tree Chart. I thought that was what needed to be completed. I think what you sent me as Scan 1018 was already done and submitted. (there is a receipt in my file).

Let me know what's going on with this. And please have him complete the Family Tree Chart. It's not that long.

Thanks.

**Kelly A. Trewella, Esq.**  
**The Igwe Firm, P.A.**  
**1500 Walnut St.**  
**Suite 409**  
**Philadelphia, PA 19102**  
**C: 484-238-7848**  
**F: 215-893-3812**

---

**2 attachments** **scan1018.pdf**  
2786K **Family Tree Chart.pdf**  
1751K



Kelly Trewella <kellyatrewella@gmail.com>

---

## Giles and Manigault

1 message

---

Kelly Trewella <kelly@igwefirm.com>

Fri, Dec 4, 2015 at 10:25 AM

To: Emeka Igwe <emeka@igwefirm.com>, Greg Johnson <greg@igwefirm.com>

Emeka and Greg:

**I need Manigault's death certificate** (Probate office took it for Letters Admin and now we need to request a new one)

and

**I need Giles Letters of Admin** (needed to complete family tree form)

before I can proceed on these cases.

Thanks!

**Kelly A. Trewella, Esq.**  
**The Igwe Firm, P.A.**  
**1500 Walnut St.**  
**Suite 409**  
**Philadelphia, PA 19102**  
**C: 484-238-7848**  
**F: 215-893-3812**